STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A396	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garfield Neurobehavioral Center	1451 28th Avenue Oakland, CA 94601

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect one of four sampled residents (Resident 1) from physical abuse when Resident 1 was hit on the head and arms by Resident 2 during an altercation on 8/16/25. This failure resulted in Resident 1 suffering facial pain and a headache.During a review of Resident 1's facility document admission Record (AD), printed on 7/2/26, the AD indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (a general term for a group of conditions that affect the brain. It causes problems with memory, thinking, and decision-making that are severe enough to interfere with a person's daily life), antisocial personality disorder, impulsive disorder (a condition where a person has a very hard time resisting sudden urges to do something, even when they know it may be harmful or not appropriate), and intellectual disabilities (a condition that affects the way a person learns, thinks and handles everyday life).During a review of Resident 2's admission Record (AD), printed on 7/2/26, the AD indicated Resident 2 was admitted to the facility on [DATE] and discharged on 9/24/25 with diagnoses including dementia, schizoaffective disorder (a mental illness that affects how a person thinks, feels, and understands reality).During an interview on 7/2/26 at 10:00 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 reported observing Resident 1 being struck on the head and arms by Resident 2 in the facility's common area near the small patio in August 2025.During a review of the facility's document Post Event Assessment (PEA), dated 8/19/26, the PEA indicated that on 8/16/25, Resident 1 was hit by Resident 2 and Resident 1 complained of mild pain on the right side of the face. The PEA also indicated Resident 1 was sent to the hospital on 8/16/25 for evaluation due to a headache. Resident 1 returned to the facility on the same day.During an interview on 7/2/26 at 12:40 p.m. with the Administrator (ADM), the ADM stated the facility is responsible for safeguarding residents from all forms of abuse. The ADM further reported that the incident occurred rapidly and confirmed there had been no prior incidents between the two residents.During a review of the facility's Policy and Procedure (P&P) titled Abuse Prevention and Reporting, undated, the P&P indicated the facility is committed to protecting the physical and emotional well-being and personal possessions of every resident.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE